

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

40099
Do not use this space.

1. PLACE OF DEATH ¹⁹³⁸
 (a) County DECATUR Registration District No. 711
 (b) Township MUNSON Primary Registration District No. 5940
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Pauline Augusta Augerman
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Augerman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1859
 7. AGE YEARS 79 MONTHS 2 DAYS 20 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME August Madler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Frank Augerman
 (ADDRESS) Sixon mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Disgatz DATE 11/28 1938
 19. FUNERAL DIRECTOR (NAME) Ed H. Killest
 (ADDRESS) Sixon mo
 20. FILED 121 1938 A. S. Little Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1937, to Nov. 16 1938
 I last saw her alive on Nov. 16 1938 Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
Hepatitis
 Date of onset 5/30
 Other contributory causes of importance:
Carcinoma - Lung
Chronic Valvular Heart Disease with dropsy
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. K. W. Mergan D.D.
 (Address) Sixon mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 11/27-38

or by

Registered Apprentice No. ✓, working under my personal supervision.

Signed

Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Sixon M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.